

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CLARA GIRALDO, P.A.
Account Number : I1999000017
Phone : (305)485-9300
Fax Number : (305)485-1098

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORPORACION EL JARRON DE ORO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 15 A 8:52

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPORACION EL JARRON DE ORO, LLC.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/09/2016 and assigned Florida document number L16000206216

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7502 NW 112TH PATH

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

7502 NW 112TH PATH

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

7502 NW 112TH PATH

Enter Florida street address

DORAL

City

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TALLAHASSEE, FLORIDA
33178
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELVIRA DE DEL VECCHIO MOI	7502 NW 112TH PATH	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELVIRA DE DEL VECCHIO MOI	1502 NW 112TH PATH	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONATANGELO DEL VECCHIO	7502 NW 112TH PATH	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONATANGELO DEL VECCHIO	1502 NW 112TH PATH	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANI DEL VECCHIO	7502 NW 112TH PATH	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANI DEL VECCHIO	1502 NW 112TH PATH	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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☐ Change
☐ Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 14TH

2016

X Paul D. Vecchio of
Signature of a member or authorized

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

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